## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 1-15, 2005.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	)	Applicant Ider	Version 7/0
1. TYPE OF SUBMISSION:	•	December 2, 2005			
Application	Pre-application	3. DATE RECEIVED		State Applica	tion Identifier
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identi	fier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Unit	-	
Northcoast Regional Land Trust	Acoustic and the second second second second second	CHANGE IN THE RESIDENCE AND ADDRESS OF THE PARTY OF THE P	Department: Projects		
Organizational DUNS: 152130717	Party Comment	) man V man man)	Division:		
Address:		0.1.2005	Name and telephon	e number of pe	erson to be contacted on matters
Street:	) DEC	0 1 2005	involving this applic	cation (give are	ea code)
PO Box 398		EADING HOUSE	Mr	First Name: Erik	
City: Bayside	STATE CL	EARING HOUSE	Middle Name J		
County: Humboldt			Last Name Wilson		
State: CA	Zip Code 95524		Suffix:	-	,
Country: USA			Email: e.wilson@ncrlt.org		
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		Phone Number (give a	area code)	Fax Number (give area code)
68-0456290	-		707-822-2242		707-822-5210
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
M. Nev		n 🗔 Revision	O. not for profit		
If Revision, enter appropriate lett (See back of form for description	of letters.)		Other (specify)		
Olher (specify)			9. NAME OF FEDER		
10. CATALOG OF FEDERAL D	E NUMBER	U.S. Fish & Wildlife S		CANTIS BROJEST	
TO. GATALOG OF TEBLICAL L	JOHILO HO AGGIOTANO		Freshwater Creek Es		
TITLE (Name of Program):		15-623	Tresilivater Greek Es	sidery remablina	mon rioject
TiTLE (Name of Program): No. American Wellands Conser					
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):			
Humboldt County, California					
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSIONA a. Applicant	AL DISTRICTS	
Clark Date.	Litting Date.				b. Project
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROC		REVIEW BY STATE EXECUTIVE
a. Federal \$		50,000	A VOS IDE THIS PR	EAPPLICATION	/APPLICATION WAS MADE
b. Applicant S			AVAILAB	SE TO THE STA SS FOR REVIEV	ATE EXECUTIVE ORDER 12372 V ON
c. State .\$	-	00 ·	DATE: D	ecember 1,200	5
d. Local \$		25,000	b. No. I PROGRA	AM IS NOT COV	ERED BY E. O. 12372
e. Other \$		27 DOD '	OR PRO		T BEEN SELECTED BY STATE
f. Program Income \$		37,000	17. IS THE APPLICA		NT ON ANY FEDERAL DEBT?
g. TOTAL \$		112-1600.00			
18. TO THE BEST OF MY KNO	MI EDGE AND BELLEE	ALL DATA IN THIS A	Yes If "Yes" attach	•	
DOCUMENT HAS BEEN DULY A	AUTHORIZED BY THE	GOVERNING BODY O			
ATTACHED ASSURANCES IF T	THE ASSISTANCE IS A	WARDED.			
a. Authorized Representative Prefix	First Name Maya		Middle	Name	
Lasi Name	, woya		Suffix		
Conrad  b. Title  Executive Director			c. Tele	phone Number	(give area code)
Executive Director  d. Signature of Authorized Repres	sentative		707-83	22-2242 Signed	,
	This	- 7. / mo	Dec 2	, 2005	
Previous Edition Usable Authorized for Local Reproduction	$_{n}$ $\mathcal{O}$				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

FEDERAL ASSISTANCE	Į.	2. DATE SUBMITTED		Applicant Iden	tifier version 7/03
1. TYPE OF SUBMISSION:		November 10 2005  3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Application	Pre-application	O. DATE RECEIVED DI	OIA,E	Otate Applicat	ion rechang
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identi	fier
Non-Construction	☑ Non-Construction				
5. APPLICANT INFORMATION Legal Name:	······································		Organizational l	Init:	
Danyelle M. Acocella dba JUST	A LITTLE BIT MORE		Department:	J	
Organizational DUNS:			Division:		
N/Ā Address:			N/A	hono numbor of no	rson to be contacted on matters
Street:				pplication (give are	
14123 Lake Wildwood Drive			Prefix: Mrs	First Name: Danyelle	
City: Penn Valley			Middle Name Monike		
County: Penn Valley			Last Name Acocella		
State: California	Zip Code 95946		Suffix:		
Country: USA			Email: missladyb53@ya	ahoo com	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (g		Fax Number (give area code)
			530-432-1522		
8. TYPE OF APPLICATION:			7. TYPE OF APP	LICANT: (See back	of form for Application Types)
If Boyleian, anter appropriets let		n 🗍 Revision	Individual		
If Revision, enter appropriate lett (See back of form for description			Other (specify)		
Other (specify)				DERAL AGENCY: ss Ownership Assist	ance
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:		· · · · · · · · · · · · · · · · · · ·	CANT'S PROJECT:
			Grant for starting	and operating a nev	w business
TITLE (Name of Program):		<b>□□</b> □□□□			
12. AREAS AFFECTED BY PRO	OJECT (Cities Counties	States etc.):	-		
Norther California, Nevada Cour	• •				
13. PROPOSED PROJECT			14. CONGRESSI	ONAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant		b. Project
Spring 2006 15. ESTIMATED FUNDING:			California		N/A REVIEW BY STATE EXECUTIVE
	THE STATE OF THE S		ORDER 12372 PF	ROCESS?	
a. Federal \$	RECLIVE	125,000	a. Yes. AVAI	PREAPPLICATION ABLE TO THE STA	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	DEC 0 2 2005		PRO	CESS FOR REVIEW	V ON
c. State \$		1	DATE	≣:	
d. Local	TATE CLEARING H	OUSE .ºº	b. No. 🗷 PRO	GRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$		W		ROGRAM HAS NOT	T BEEN SELECTED BY STATE
f. Program Income \$		.00			NT ON ANY FEDERAL DEBT?
g. TOTAL \$	**************************************	125,000	Yes If "Yes" a	ttach an explanation	. 🖳 No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF,	ALL DATA IN THIS APP	LICATION/PREAP	PLICATION ARE T	RUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF 1	HE APPLICANT A	AND THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative	First Name		In a:	dala Nama	
Prefix Mrs 1	First Name Danyelle		M	ddle Name Ionike	
Last Name Acocella	11/20		Su	ffix	
b. Title Owner	, WAR		c. 53	Telephone Number ( 30 <b>-4</b> 32-1522	give area code)
d. Signature of Authorized Repres	sentative		e	Date Signed ovember 10, 2005	

APPLICATION FOR FEDERAL ASSISTAN	CE	2. DATE SU	JBMITTED		Applicant Ide	Version 7/0
1. TYPE OF SUBMISSION:		3. DATE RE	ECEIVED B	Y STATE	State Applica	tion Identifier
Application	Pre-application	4 DATE RE	CEIVED BY	Y FEDERAL AGENCY	Federal Ident	ifior
Construction  Non-Construction	☐ Construction ☐ Non-Construction	T. DATE RE	COLIVED B	TEDERAL AGENCY	i ederal ident	niei
5. APPLICANT INFORMATI	ON Non-Construction	1			1	
Legal Name:				Organizational Unit: Department:	•	
Corcoran Joint Unified Scho Organizational DUNS:	ol District/City of Corcoran			District Office		- The state of the
074677816				Division: N/A		
Address: Street:	***************************************		·	Name and telephone involving this applic	e number of pe	erson to be contacted on matters
1520 Patterson Ave. / 1033 (	Chittenden Ave.			Prefix:	First Name:	
City: Corcoran				Middle Name (no middle name)	THOI	
County: Kings County				Last Name Merlo		
State: California	Zip Code 93212		<del>V</del>	Suffix:		
Country	93212	7777777 2 - 11.41		N/A Email:		
United States of America  6. EMPLOYER IDENTIFICATION  6. E	TION NUMBER (FIM):			rmerlo@kings.k12.ca Phone Number (give a		Fay Number (site error and a)
91-212891	. <u></u>			(559) 992-3104		Fax Number (give area code) (559) 992-3957
8. TYPE OF APPLICATION:			***************************************		ANT: (See bac	k of form for Application Types)
	lew 🔲 Continuation	n 🔲 Rev	vision	H. Independent School		γ,,
lf Revision, enter appropriate (See back of form for descript	letter(s) in box(es) ion of letters.)			Other (specify)	or Biotrice	
Other (specify)				9. NAME OF FEDERA United States Econon	AL AGENCY:	at Administration
10. CATALOG OF FEDERA	L DOMESTIC ASSISTANC	E NUMBER:		11. DESCRIPTIVE TI	•	
		11-3	3 0 7	Regional Education/J		
TITLE (Name of Program): Economic Adjustment Assista	anno.	تات د	200			
12. AREAS AFFECTED BY I		States, etc.).	•	_		
City of Corcoran, Kings Coun		, , , , , , , , , , , , , , , , , , , ,				
13. PROPOSED PROJECT		THUM.		14. CONGRESSIONA	L DISTRICTS	OF:
Start Date: February 1, 2006	Ending Date: June 2007		,	a. Applicant 20th and 21st		b. Project
15. ESTIMATED FUNDING:	Julie 2007	*				20th and 21st REVIEW BY STATE EXECUTIVE
a. Federal	\$		00	ORDER 12372 PROCE	ESS?	
	Ψ	272,880				/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant	\$	68,220	00	PROCESS	S FOR REVIEW	V ON
c. State	\$		. 00	DATE: De	ecember 1, 200	5
d. Local	\$		. 00	b. No. PROGRAI	M IS NOT COV	ERED BY E. O. 12372
e. Other	\$		. 00	1		TBEEN SELECTED BY STATE
. Program Income	\$					IT ON ANY FEDERAL DEBT?
g. TOTAL	\$	341,100	. 00	Yes If "Yes" attach	an explanation.	. 🖸 No
18. TO THE BEST OF MY KN OCUMENT HAS BEEN DUL TTACHED ASSURANCES IF	Y AUTHORIZED BY THE G	OVERNING	N THIS APP BODY OF T	LICATION/PREAPPLIC THE APPLICANT AND	CATION ARE T	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative		TANDED.				
Prefix Mr.	First Name Rich			Middle I (no mid	Vame ddle name)	
ast Name derlo				Suffix N/A	<u> </u>	
. Title Superintendent	1		RF	CFIVE Tolep	hone Number ( 92-3104	give area code)
Signature of Authorized Rep.	esentative			e. Date		5/0
revious €dition Usable			DE	C 0 5 2005	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Standard Form 424 (Rev.9-2003)
uthorized for Local Reproduct	ion					Prescribed by OMB Circular A-102
			STATE (	CLEARING HOUSE		

## Application for Federal Assistance

<b>Assistance</b>	е				(	OMB Approval No. 0348-0043
			2. Date Submitted		Applicant Identifier	
			11/29/05			
1. Type of Submis Application		Preapplication	3. Date Received by	State	State Application Ident	ifler
X Construction Non-Construction		Construction Non-Construction	4. Date Received by I	Federal Agency	Federal Identifier	
5. Applicant Informa	ition					The state of the s
Legal Name				Organizational Unit		
Glendora Hold	lings, LLC			Limited Liability Co	rporation	
Address (give city, co	-			Name, telephone number, a involving this application (g		person to be contacted on matters
5239 E. Para	-			Samuel D. Reed Vice President		
Paradise Vall	• .	53		(312) 521-7651		
Mricopa Cour	nty			(312) 357-1611 sam_reed@cambridgecambri	ap.com	
6. Employer Identific	cation Number	(EIN)		7. Type of Applicant (er	nter appropriate letter in b	pox) M
20 - 1	43942	6		A. State B. County	J. Private Univers K. Indian Tribe	
8. Type of Application	on			C. Municipal	L. Individual	
X New	Continuat	tion		D. Township	M. Profit Organizat	ion
If Davision s	ntor annronris	ata lattar(a) in hay(as)		E. Interstate	N Non-profit O Public Housing	Aganay
ii nevision, e	anier approprie	ate letter(s) in box(es)		G. Special District	P. Other (Specify)	•
A. Increase	Award B. I	Decrease Award C.	Increase Duration	H. Independent School D		
D. Decrease	Duration Oth	ner (specify)			ution of Higher Learning	
				9. Name of Federal Agenc	;y using & UrbanDevel	onment
10. Catalog of Feder	al Domestic As	sistance Number		11. Descriptive Title of App		opment
10. Ozlalog of Feder						THE RESIDENCE OF THE PARTY OF T
Title Name		.129		FHA Mortgage In	surance	ECFIVEN
Moπga	ge insuranc	e - Assisted Living F	-асшту			PEC 0 5 2005
12 Areas Affected b	v Project (cities	s, counties, States, etc.)		<b>-</b> {		JEC 0 3 2005
					STATE	CLEARING HOUSE
13. Proposed Projec		CA 91740-5159	ngressional Districts of	of	1	STIVUSE
Start Date	Ending Date	a. Appl			b. Project	
1/15/06	7/15/07	3	RD (AZ)		26TH (	CA)
15. Estimated Fundi	ng Use form l	HUD-424-M (Matrix)	16. Is Application Sub	ject to Review by State Exec	utive Order 12372 Proces	s?
a. Federal	\$	.00		reapplication/application w Executive Order 12372 Pro		
b. Applicant	\$ 4.740.00	.00	Date:	11/29/05		
	1,742,00	00	b. <b>No</b> Pr	ogram is not covered by E.	.O. 12372	
c. State	\$	.00		ogram has not been select		
d. Local	\$	.00		elinquent on Any Federal De s," explain below or attach		X No
e. Other	\$ 15,678,0	.00				
f. Program Income	\$	.00				
g. Total	\$ 17,420,0	.00				
18. To the best	of my knowl	edge and belief, all	data in this applica	tion/preapplication are	true and correct, the	document has been duly
				will comply with the atta		ne assistance is awarded.
a. Typed Name of Aut	thorized Represe	entative	b. Title		c. Telephone Numbe	
Gregory And		K/	Manager		(602) 840-55	550
d. Signature of Author	rized Hepteseyt	array		10/	e. Date Signed / <b>3  </b> /2005	
· /	// -//	<b>y</b>		10)		

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form **SF-424** (4/92) Prescribed by OMB Circular A-102

\PPLICATION FOR FEDERAL ASSISTANCI	E	2. DATE SUBMITTED 12/01/2005	•	Applicant Ide	initial and the second
I. TYPE OF SUBMISSION:		3. DATE RECEIVED E	Y STATE	State Applica	tion Identifier
Application	Pre-application	A DATE RECEIVED E	Y FEDERAL AGENCY	Federal Ident	ifier
☑ Construction	Construction		LDLIGHL MOLING	AIP 3-06-010	
Non-Construction APPLICANT INFORMATION	Non-Construction				
_egal Name:	· ·	A CONTRACTOR OF THE PROPERTY O	Organizational Unit	•	
City of Hayward - Hayward Exe	ecutive Airport		Department: Public Works		
Organizational DUNS:			Division: Airport		
156241002 Address:			Name and telephor	e number of p	erson to be contacted on n
Street:			involving this appli Prefix:	cation (give ar First Name:	ea code)
20301 Skywest Drive			Mr.	Brent	
City: Hayward			Middle Name S.		
County:	· · · · · · · · · · · · · · · · · · ·		Last Name Shiner		
Alameda State:	Zip Code		Suffix:		
State: California	94541		Email:		
Country: US	*		Brent. Shiner@hay		Fax Number (give area code
6. EMPLOYER IDENTIFICATI	ION NUMBER (EIN):		Phone Number (give	area code)	1
94-600034	6		(510) 293-5460		(510) 783-4556
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	CANT: (See ba	ck of form for Application Typ
☑ No	ew Continuati	on 🔲 Revision	C		
f Revision, enter appropriate le See back of form for description	on of letters.)		Other (specify)	•	
Other (specify)			9. NAME OF FEDE	RAL AGENCY:	
	DOMESTIC ACCIONA	ICE NUMBER:	Federal Aviation Ad		LICANT'S PROJECT:
10. CATALOG OF FEDERAL	- DOMESTIC ASSISTAL		North Side Helipad		
TITLE (Name of December)		20-106			
TITLE (Name of Program):		Chains -i-1:			
12. AREAS AFFECTED BY P		es, states, etc.):			
City of Hayward, Alameda Co	unty, Calitornia		14. CONGRESSION	VAL DISTRICT	S OF:
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	., 510 (14,01	l b. Project
03/01/2006	11/30/2006		10th	N SHE IECT T	0 REVIEW BY STATE EXEC
15. ESTIMATED FUNDING:			ORDER 12372 PRO	CESS?	CHARRION WAS MAR
a. Federal	\$	1,187,500	a. Yes. THIS P	REAPPLICATION THE S	DN/APPLICATION WAS MAD TATE EXECUTIVE ORDER
b. Applicant	Section of the sectio	62,500	PROCE	ESS FOR REVI	EW ON
c. State	SCEN/FD	02,300	DATE:	12/01/2005	
·	Chamly bearing			RAM IS NOT CO	OVERED BY E. O. 12372
d. Local	Er 0 5 2005		D. NO. IL3		
e. Other	5			F-1 /1 F-1 A /	NOT BEEN SELECTED BY S
f. Program Income	E CLEARING HOUS	E .00	17. IS THE APPLIC	ANT DELINQ	JENT ON ANY FEDERAL DE
g. TOTAL	Secretaria	00	Yes If "Yes" atta	ach an eynlanat	ion. 💆 No
	NOW! EDGE AND DELL	1,250,000 THIS	ADDI ICATION/DDE ADE	LICATION AR	TRUE AND CORRECT. TH
IDOCUMENT HAS BEEN DUI	I Y ALLIHURIZED DI TI	IE GOAFIGHIAG DODI.	OF THE APPLICANT A	ND THE APPLI	CANT WILL COMPLY WITH
ATTACHED ASSURANCES  a. Authorized Representative	IF THE ASSISTANCE IS	AWARDED.			
Prefix Mr.	First Name		Mid	dle Name	
	Jesús		Suff	īx	
			j		
Last Name Armas			L T	elephone Numb	er (give area code)
Last Name Armas b. Title City Manager			(51	0) 583-4300	er (give area code)
Last Name Armas b. Title	epresentative	i Olmas	(51	elephone Numb 0) 583-4300 ate Signed	
Last Name Armas b. Title City Manager		á Junaz	(51	0) 583-4300	Standard Form 424 (Re

City Attorney for the City of Hayward

A DDI ICATICAL COD					Version 7/03
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	/05/2005	Applicant Identi	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application	n Identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identifie	Ð[
Construction	Construction	A DVIE VECTAED BILL			<u>.                                    </u>
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational U	nit:	
COUNTY OF SAN DIEGO	_		Department:	PUBLIC WORKS	
Organizational DUNS: 00-95816	46		Division: AIRPC	RTS	
Address:	graversensensensensensensensensensensensensens	P RAMERIA VANDA PARIENT IN IN EASTERN PARIENT	Name and teleph	none number of per oplication (give area	son to be contacted on matters
Street:	The state of the s	(L(L)	Pefix:	First Name:	
1960 JOE CROSSON DR.		DEO // 0 0000	Middle Name	PE	TER
City: EL CAJON	Service of the Servic	DEC 0 6 2005			
County: SAN DIEGO		anymana sang pang gi panggi panggi panggi sanggi sa	1. 1	KWATER	
State: CA	Zip Code 92020 -	TE CLEARING HOUS	Suffix:		
Country: USA	11.0 manused #1850.00000		Email: Peter.	Drinkwater@sdcount	ty.ca.gov
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (g		Fax Number (give area codo)
95-6000934	7	•	(619) 956-		(619) 956-4801
8. TYPE OF APPLICATION:	· · · · · · · · · · · · · · · · · · ·		7. TYPE OF APP	LICANT: (See back	of form for Application Types)
☑ Ne		on 🔲 Revision	В		
if Revision, enter appropriate let (See back of form for description	ter(s) in box(es) n of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEI	DERAL AGENCY: TION ADMINISTRAT	ION
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIV	E TITLE OF APPLIC	CANT'S PROJECT:
		20-106			STRUCT WEST TRANSIENT
TITLE (Name of Program): AIRPORTS IMPROV	CHENT BROOKE (A		APRON, (RSAT)	).	
12. AREAS AFFECTED BY PF			1		
San Diego County, El Cajon, C		,,,			
13. PROPOSED PROJECT			14. CONGRESS	IONAL DISTRICTS	
Start Date:	Ending Date:		a. Applicant 52		b. Project 52
15. ESTIMATED FUNDING:	160		16. IS APPLICA		REVIEW BY STATE EXECUTIVE
a. Federal \$			ORDER 12372 P	PREAPPLICATION	ATE EXECUTIVE ORDER 12372
		2,517,500	<b>-</b>	ILABLE TO THE STA	
b. Applicant \$		6,625	,		VOR
c. State		125,875		E: 12/05/05	
d. Local \$		- 75	b. No. 111		ERED BY E. O. 12372
e. Other \$		, as		PROGRAM HAS NOT REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$		UU UU	17. IS THE APP	LICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		2,650,000	Yes If "Yes" a	attach an explanation	. RD No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE THE ASSISTANCE IS A	F, ALL DATA IN THIS APP GOVERNING BODY OF			
a Authorized Representative Prefix	First Name			lddle Name	
Last Name	PETER	***		<u>L.</u>	
DRINKWATER				uffix	
DIRECTOR OF COUNTY AIRI		<i></i>	(	Telephone Number ( 619) 956-4839	(B)/ve sues code)
d. Signature of Authorizen Repre	X Mula	rund	e.	Date Signed 12/05/05	•
Previous Edition Usable Authorized for Local Reproductive	on ,				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

12/06/2005 10:40	6199564801				PAGE 04/
<del></del>					Version 7/03
APPLICATIÓN FOR FEDERAL ASSISTANC	Ē	2. DATE SUBMITTED	40/05/0005	Applicant Ident	fier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	12/05/2005 Y STATE	State Application	on Identifier
Application	Pre-application	4. DATE RECEIVED B	V FEDERAL AGENCY	Federal Identifi	er
Construction	Construction	4. DATE RECEIVED B	I   LDLICKE / COLOR	,	
Non-Construction  5. APPLICANT INFORMATIO	<u> </u>				
Legal Name:			Organizational Unit	· · · · · · · · · · · · · · · · · · ·	
COUNTY OF SAN DIEGO				PUBLIC WORKS	3
Organizational DUNS: 00-9581	646	Section Control of the Control of th	Division: AIRPORT	's	
Address:		( ) From [ ]	Name and telephon	e number of per	son to be contacted on matters
Street:		ONIGHT EUPER	involving this appli Prefix:	First Name:	
1960 JOE.CROSSON DR.	<u>UE</u>	C 0 6 2005		PE	TER
City: EL CAJON		Total Survey	Middle Name		
County:	STATE	LEARING HOUSE	Last Name DRINKW	ATER	
SAN DIEGO State: CA	Zip Code	A CONTRACTOR AND ADDRESS OF THE ADDR	Suffix:		
Country:	92020		Emall:	O . d	A. on 1001
USA		3 t 3 t 3 t 3 t 3 t 3 t 3 t 3 t 3 t 3 t	Phone Number (give	nkwater@sdcour ama code)	Fax Number (give area code)
6. EMPLOYER IDENTIFICAT			(619) 956-483		(619) 956-4801
95-600093 8. TYPE OF APPLICATION:	4		, , ,		k of form for Application Types)
If Revision, enter appropriate la (See back of form for description)	etter(s) in box(es)	on 🗀 Revision	B Other (specify)		
Other (specify)			9, NAME OF FEDER	N ADMINISTRA	
10. CATALOG OF FEDERAL	L DOMESTIC ASSISTAN	CE NUMBER:			CANT'S PROJECT:
	RPORT IMPROVEMENT		AND DESIGN PRO		- REHABILITATE RUNWAY 6/24
12. AREAS AFFECTED BY	ROJECT (Citles, Countie	es, States, etc.):			
CARLSBAD, CA					A.P.
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSION a. Applicant	VAL DISTRICIS	b. Project
TBD	TBD Date.		52		51
15, ESTIMATED FUNDING:	•		ORDER 12372 PRO	CESS?	REVIEW BY STATE EXECUTIVE
a. Federal	\$	1,092,500	THIS P	REAPPLICATION	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant	\$	57,500		SS FOR REVIE	
c, State	\$	·		12/05/05	
d. Local	\$		b. No. III PROGE	RAM IS NOT CO	VERED BY É. O. 12372
e. Other	\$	, ou	I FOR RE	=V1EW	OT BEEN SELECTED BY STATE
f. Program Income	\$	<u> </u>	17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	\$	1 150 000 '	Yes If "Yes" atta	ch an explanatio	n. 🕅 No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name Middle Name PETER Suffix Lest Name DRINKWATER c. Telephone Number (give area code) (619) 956-4639 b. Title DIRECTOR OF COUNTY ARPORT e. Date Signed 12/05/05 d. Signature of Author

1,150,000

Yes If "Yes" attach an explanation.

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APPLICATION FOR	€ n l	-	····		Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED December 2, 2005		Applicant Iden	tifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
☑ Construction	☑ Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identif	ier
Non-Construction	☐ Non-Construction				
5. APPLICANT INFORMATION Legal Name:		uungaagaa ara ye oo min cara daxay diggaa adaa aradii ay amaanad araaja midyada acaa caybay	Organizational	Unit:	
Jacoby Creek Land Trust			Department:		
Organizational DUNS:			Division:		
116702510 Address:			Name and telen	hone number of ne	rson to be contacted on matters
Street:				pplication (give are	
2182 Old Arcata Rd., PO Box 3	3		Prefix: Ms.	First Name: Susan	
City:			Middle Name	Susan	
Bayside County:			Deborah Last Name		
Humboldt	T-1		Ornelas		
State: CA	Zip Code 95524		Suffix:		
Country: USA			Email:   iclandtrust@yah	oo.com	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (	give area code)	Fax Number (give area code)
9 4 - 3 1 5 9 7 8 9	7 .		707-822-0900		N/A
8. TYPE OF APPLICATION:			7. TYPE OF APP	PLICANT: (See back	of form for Application Types)
<b>☑ New</b> If Revision, enter appropriate let		n 🔲 Revision	O. Not for Profit		
(See back of form for description	of letters.)		Other (specify)		
Other (specify)		3	9. NAME OF FE	DERAL AGENCY:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIN	E TITLE OF APPLI	CANT'S PROJECT:
				nd Upland Restoration	
TITLE (Name of Program): North American Wetlands Cons	ervation Act	15-623			•
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):			
Jacoby Creek, Bayside					
13. PROPOSED PROJECT				IONAL DISTRICTS	
Start Date: July 2006	Ending Date: June 2008		a. Applicant District 1		b. Project District 1
16. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. Federal \$	·		ORDER 12372 P		/APPLICATION WAS MADE
b. Applicant \$		26,565	_a. Yes. ⊯ AVA		ATE EXECUTIVE ORDER 12372
c. State \$		30,900	DAT	E: December 2, 200	5
d. Local \$		1,800	b. No. PRO	GRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$		1,050	_	PROGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income \$		0		REVIEW LICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$	and the second s	0 00	-		F771
	WI EDGE AND DELIEF	60,315		attach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	<b>GOVERNING BODY OF</b>			
a. Authorized Representative					
Prefix Ms.	First Name Susan			iddle Name Deborah	
Last Name Ornelas			S	uffix	
b. Title Executive Director			7	Telephone Number 07-822-0900	(give area code)
d. Signature of Authorized Repre	esentative S	an Donalac	e.	Date Signed	

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**RECEIVED** 

DEC 0 6 2005

STATE CLEARING HOUSE

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED	ouncineos.	Applicant Ident	lifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	2/05/2005 STATE	State Application Identifier		
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier	
☑ Construction	Construction	4. DATE RECEIVED BY		7 233121 1437111		
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:			Organizational Un	it;		
COUNTY OF SAN DIEGO			Department:	PUBLIC WORK	S	
Organizational DUNS:		The state of the s	Division:			
00-95816	46	The Brown of the State of the S	AIRPOF		rson to be contacted on matters	
Address: Street:		A Comment	involving this app	lication (give are	a code)	
	19 · · · · · · · · · · · · · · · · · · ·	c 0 6 2005	Prefix:	First Name:	TER	
1960 JOE CROSSON DR.	- DE	C 0 6 - 2001	Middle Name			
County:	0.000 E-0.00	CLEARING HOUSE	Last Name	MATER	•	
SAN DIEGO State:	Zip Code	Contraction of the second or t	Suffix:	V/ ( 1 Seri )		
CA Country:	92020		Email:			
6. EMPLOYER IDENTIFICATION	N NIMBER /E/M/		Peter D	rinkwajter@sdcour a araa coda)	rty.ca.gov Fax Number (give area code)	
			(619) 956-46	·	(619) 956-4801	
95-6000934	]		1 , ,		k of form for Application Types)	
8. TYPE OF APPLICATION:	177h			ICANI, (See Bac	Continuo Application Typica)	
If Revision, enter appropriate let		n 🗌 Revision	В			
(See back of form for description	of letters.)		Other (specify)			
Other (specify)	لعما		9. NAME OF FEDE FEDERAL AVIATI		TION	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	1		CANT'S PROJECT:	
					Runway & Taxiway Safety Area	
TITLE (Name of Program):	•	20-106	Improvement,Phas		• • •	
AIRF	ORT IMPROVEMENT P		_			
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):				
CARLSBAD, CA						
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	NAL DISTRICTS	b. Project	
TBD	TBD.		52		51	
15, ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE	
a. Federal \$		5,367,500	a. Yes. Z	PREAPPLICATION	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$		DQ DQ		ESS FOR REVIEW	1, = = 1= 0 = 0, 1= = 1, 1= 0, 1	
c. State 5		282,500 .	- DATE	12/05/05		
d. Local \$		- us	PROG		ÆRED BY E. O. 12372	
e. Other		, ga	р. но. ш		T BEEN SELECTED BY STATE	
f. Program income \$	<del></del>		FORR	EVIEW	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		· .	<u> </u>			
-		5,650,000	Yes If "Yes" att			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF AUTHORIZED BY THE	, ALL DATA IN THIS APP GOVERNING BODY OF 1	'LICATION/PREAPF [HE APPLICANT AI	PLICATION ARE T ND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF	THE ASSISTANCE IS A	WARDED.				
a. Authorized Representative Prefix	First Name		Mid	le Name		
Last Name	PETER		•	Ĺ,	, '	
DRINKWATER b. Title		<i>F</i> )	Suff			
DIRECTOR OF COUNTY AIRP			(61	elephone Number 9) 956-4839	(Bine ales code)	
d. Signature of Authorized Repre	Therd's	UMA_	e. D	ate Signed . 12/05/05		
Previous Edition (Jeanier Authorized for Local Reproduction			<u>.</u>		Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

APPLICATION FOR				J	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED December 5, 2005		Applicant Ider	ntifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicat	tion Identifier
Application	Pre-application	4. DATE RECEIVED BY	EEDERAL AGENC	Y Federal Identi	fior
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	rederalidenti	lier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:	·		Organizational U	nit:	
County of Ventura Redevelopme	ent Agency		Department: CEO		
Organizational DUNS:			Division:		
Address:			Redevelopment A		erson to be contacted on matters
Street:			involving this app		
Chief Executive Office 800 S. Victoria Ave. L1940			Prefix:	First Name: Monica	
City:		4, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Middle Name	7 ///002	the state of the s
Ventura County:			Last Name		
Ventura	7:- 0-4-		Nolan Suffix:		
State: CA	Zip Code 93009				
Country:			Email:   monica.nolan@ve	ntura.org	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (giv		Fax Number (give area code)
95-6000944			(805) 662-6868		(805) 654-5106
8. TYPE OF APPLICATION:			7. TYPE OF APPL	ICANT: (See bad	ck of form for Application Types)
✓ Nev		n 🔲 Revision			
If Revision, enter appropriate lett	er(s) in box(es) of letters )		Other (specify)		
(000 22011 01111111111111111111111111111			Redevelopment A		
Other (specify)			9. NAME OF FEDI USDA Rural Deve		
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANC	E NUMBER:	1		ICANT) PROJECT:
		10-760	Storm Drain Cons	truction	DE
TITLE (Name of Program): USDA Water & Waste Disposal					DEC 0 7 2005
12. AREAS AFFECTED BY PR		States etc.):	4		DEC
Community of Piru, Ventura Co	• •	, o.u.o., o.o.,		•	050 7 2005
13. PROPOSED PROJECT			14 CONGRESSIO	NAL DISTRICTS	OF STATE
Start Date:	Ending Date:		a. Applicant		of:STATE CLEARING HOUSE
6/6/06	1/6/07	· · · · · · · · · · · · · · · · · · ·	24th	ON SUBJECT TO	REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 PR	OCESS?	
a. Federal \$		750,000 ·			N/APPLICATION WAS MADE  TATE EXECUTIVE ORDER 12372
b. Applicant \$		160,000		ESS FOR REVIE	= = = =
c. State \$		100,000	DATE	:	
		00			VERED BY E. O. 12372
		•	D. No. ILI		·
e. Other \$				ROGRAM HAS NO REVIEW	OT BEEN SELECTED BY STATE
f. Program Income \$		.00:			ENT ON ANY FEDERAL DEBT?
g. TOTAL \$		00		ach an explanatio	n. 🛭 No
18. TO THE BEST OF MY KNO	WI EDGE AND BELIEF	910,000	1	•	
DOCUMENT HAS BEEN DULY	<b>AUTHORIZED BY THE</b>	<b>GOVERNING BODY OF</b>			
ATTACHED ASSURANCES IF	THE ASSISTANCE IS A	WARDED.			
a. Authorized Representative Prefix	First Name Monica		Mid	dle Name	The second secon
Last Name	IVIOTIICA		Suf	fix	
Nolan b. Title				elephone Numbe	(dive area code)
Program Management Analyst			(80	5) 662-6868	(Alte alea code)
d Signature of Authorized Repre				Date_Signed	

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APPLICATION FOR	,				F	Ver	rsion 9/03
•	ICE	2. DATE SUBMIT	ED .	· Apr	Applicant Identifier		
FEDERAL ASSISTAN	ICE .	12/12/2005					7
1. TYPE OF SUBMISSION:		3. DATE RECEIVE	D BY STATE	Sta	te Applic	ation identifier	-
Application	Preapplication						7
Construction	Construction	A, TABER PRESENTATION	er, total vietova vedeli e	agendy So.	u or ides.	St. aga	
✓ Non-Construction	Non-Construction			, w			
5. APPLICANT INFORMATION			Organizationa	ol Unit:			
*Legal Name: Los Angeles Co	onservation Corps		Department:	Young Adult (	Corps		
* Organizational DUNS:	161928122	-mww	Division:	SEA Lab			
Address:						o be contacted on matters in	nvalving
*Street1: 3655 S. Grand Ave.,	Suite 280		this application				
Street2:		71017	Prefix: Mr.	* First Na	ame: Pr	nll	
* City: Los Angeles County Los Angeles			Middle Name:				
	Code: 90007 * Cou		* Last Name:	Matero			
		intry USA	Suffix:	* Email	L	w@lecorps.org	
6 EMPLOYER IDENTIFICATIO	N NUMBER (EM):	STATE OF TO ST. MINERAL PROPERTY OF THE STATE OF THE STAT	* Phane Number		<u> </u>	x Number (give area code)	
95-4002138	HOMED !	213-747-1872,			3-747-2944		
8. TYPE OF APPLICATION:	on RevisionEC	0 2000		PPLICANT:  :at	on (Othe	r than institution of h	
New Continuati	<b>—</b> [	, 8 ZUU5	(1)) wr (wealby)				
If Revision, enter appropriate letter(s) in box(es)  A. Increase Award B. Docrosso Award C. Increase Doration CLEARING HOUS			O THANK OF I	CEDEDAL ACE			
A. Increase Award B. Decrease Award C. Increase Direction C. Decrease Duration Other (specify):			9. * NAME OF F			inlatration	
10. CATALOG OF FEDERAL DO		11.463	National Ocean			T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-	
TITLE: Habitat Conservation	MEGITO ADDIOTANGE	11.400	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
TITLE: Habitat Conservation			Los Angeles Conservation Corps Marine Debris Prevention Project; We will install waste receptacles and provide educational outreach to users of				
12. * AREAS AFFECTED BY PR	OJECT (Chies Counties States	etc.):	the jettles local	ted with the City	of Redo	ndo Beach.	
City of Redando Beach, County o	of Los Angeles						
13. PROPOSED PROJECT:			14. * CONGRESSIONAL DISTRICTS OF:				
* Start Dato	* Ending Date		a. Applicant			* b. Project	
07/01/2006	06/30/2007		31			36	
15. * ESTIMATED FUNDING:					T TO RE	VIEW BY STATE EXECUTI	VE
* a. Federal	s 75,36	9.35	ORDER 12372		/A B D( I C A	TION WAS MADE AVAILABLE	= TO
* b. Applicant	\$ 58,86	5.14		_		ROCESS FOR REVIEW ON:	. 10
*c. State	\$	0.00	✓ YES	DATE _	12/08/20	005	
* d. Local	\$	0.00	b. 🛄 PRO	GRAM IS NOT C	OVERED	BY E.O. 12372	
* e. Other	\$	0.00	ORF	PROGRAM HAS I	NOT BEE	N SELECTED BY STATE FOR	REVIÉW
*f. Program Income	\$	0.00	17. IS THE APP	PLICANT DELIN	QUENT	ON ANY FEDERAL DEBT?	1
g. TOTAL	\$ 454.03	द दल्ल	Yes If	"Yes," attach ar	explana	ation.	No
18 TO THE BEST OF MY KNOWLEDGE GOVERNING BODY OF THE APPLICANT							вү тие
a. Authorized Profix:	* First Name: Br	uce		Middle Name			
* Last Name:	Sailo				Su	ffix:	
* b. Title: Executive Director	Dan samuel de la Constantina del Constantina de la Constantina de la Constantina de la Constantina de la Constantina del Constantina de la	⁻ c. Tele	ephone Number (gi	ve area code):	213-362	-9000, ext. 203	_
* Email: bsalto@lacorps.org		Fax Nu	mber (give area co	ode):	<u> </u>		
d. Signature of Authorized Regres	entative: Comple	ted on euhmiseion In	Geanly nov	a Data Signad	Come	leted on submission to Gran	16 504

APPLICATION FOR						V6	ersion 9/0:
FEDERAL ASSISTAN	CE		2. DATE SUBMIT	ITED	Applican	t Identifier	
			12/09/2005		2006042	6	
1. TYPE OF SUBMISSION:			3. DATE RECEIV	ED BY STATE	State Ap	plication Identifier	
Application	Preappl	ication					7
Construction	Con	struction	4. DATE RECEIV	ED BY FEDERAL AGENCY	* Federal	Identifier	
Non-Construction	Non	-Construction			NOS-CS	C-2006-2000454	
5. APPLICANT INFORMATION				Organizational Unit:	<u> </u>		
* Legal Namo: The Regents of	the Unive	ersity of California	CONTRACTOR AND ADMINISTRATION OF THE PARTY OF THE ANGLE AND ADMINISTRATION OF THE ANGLE ANGLE ANGLE AND ADMINISTRATION OF THE ANGLE ANGLE AND ADMINISTRATION OF THE ANGLE	Department: Institute	of Marine	Sciences	
* Organizational DUNS:	125084	- 1 1 1 1 m	A Transit of the same of the s	Division:			
Address:	_	ner.	1 2 2005	Name and telephone numb	per of perso	on to be contacted on matters in	nvolving
* Street1: 1156 High Street		J DL-C	- 2 (197)	this application (give area	code)		····
Street2:		STATE CL	EARING HOUS	Prefix: * Fi	rst Name:	Cindy	
* City: Santa Cruz	7	County Santa Cru		Middle Name:			
'State: CA 'Zip Co				* Last Name: Plasman			
L.,	ode: 950		try USA	Suffix: * E	mail: cpla	ısman@ucsc.edu	
6. * EMPLOYER IDENTIFICATION	NUMBE	R (EIN):		* Phone Number (give area	code)	Fax Number (give area code)	
94-1539563				(831) 459-2520		(831) 459-5353	
8. TYPE OF APPLICATION:				7. * TYPE OF APPLICANT	: [∍-Control	led Institution of Highe	
New ✓ Continuation	L	Revision		Chaires and descript			
If Revision, enter appropriate letter(s)	) in box(e	s)					
A. Increase Award B. Decrease Award	C. Inc	rease Duration	· ·	9. * NAME OF FEDERAL A	GENCY:		
D. Decrease Duration Other (specify):				National Oceanic and Atmo	spheric Ad	ministration	
10. CATALOG OF FEDERAL DOM	ESTIC A	SSISTANCE	11.473	11. * DESCRIPTIVE TITLE	OF ADDI I	CANTIS DOCIECT.	
TITLE: Coastal Services Center	<u> </u>		,				
12. * AREAS AFFECTED BY PROJ				Understand California's Up	mg an integ owelling Eco	grated Ocean Observation Sys osystem	tem to
Santa Cruz, Monterey and San Ben		(Cities, Counties, States, etc.)	) <del>:</del>				
:	no Coun	lies					
13. * PROPOSED PROJECT:			<u></u>	14. * CONGRESSIONAL D	ISTRICTS	OF:	
* Start Date		* Ending Date		* a. Applicant		* b. Project	
08/01/2006		07/31/2007		17		17	_
15. * ESTIMATED FUNDING:				16. IS APPLICATION SUB.	IFCT TO R	EVIEW BY STATE EXECUTIV	
' a. Federal	\$	1,940,106.0	0	ORDER 12372 PROCESS?		44	
* b. Applicant	\$	0.0	0	a. YES. THIS PREAPPLICATI THE STATE EXECUTIVE ORI	ON/APPLIC DER 12372	ATION WAS MADE AVAILABLE T PROCESS FOR REVIEW ON:	ГО
· c. Stale	\$	0.00	0	✓ YES DATE	12/12/	2005	
* d. Local	\$ [	0.00	0	b. PROGRAM IS NO	T COVERE	D BY E.O. 12372	
* e. Olher	\$	0.00	0	OR PROGRAM HA	AS NOT BE	EN SELECTED BY STATE FOR F	REVIEW
1. Program Income	\$	0.00	D '			ON ANY FEDERAL DEBT?	
g. TOTAL	\$	1.846,100.4		Yes If "Yes," attach	n an explan	nation.	No
8. * TO THE BEST OF MY KNOWLEDGE AND GOVERNING BODY OF THE APPLICANT AND	D BELIEF, THE APP	ALL DATA IN THIS APPI PLICANT WILL COMPLY	LICATION/PREAPPLICA WITH THE ATTACHED	ATION ARE THUE AND CORRECT. T ASSURANCES IF THE ASSISTANCE	HE DOCUME	NT HAS BEEN DULY AUTHORIZED B	Y THE
a. Authorized Prefix:  Representative  * Last Name; F	Plasman	First Name: Cindy		Middle Nar			
* b. Title: Senior Research Administ			* c Tolor	phone Number (give area code		uffix:	
* Fmail: cplasman@pacbell.net				brone Number (give area code bor (give area code):		59-2520 59-5353	
I. Signature of Authorized Representa	ative:	Completed	on submission to G		1		-
,			www.maatutt (b C	nama gov   e. Date Sigr	ieu. Comi	leted on submission to Grants	.oov L

					Version 7/03				
PPLICATION FOR EDERAL ASSISTANCE	=	2. DATE SUBMITTED		Applicant Identifier					
TYPE OF SUBMISSION:			STATE	State Application	on Identifier				
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier				
Construction	Construction				Alegan				
Non-Construction APPLICANT INFORMATION	Non-Construction	· · · · · · · · · · · · · · · · · · ·	16	4.					
egal Name:			Organizational Uni	II:					
The Regents of the University	of California		Manne Science Inst	titute					
organizational DUNS:			Division:		erson to be contacted on matters				
Address:			Involving this app	ne number of pe lication (give a <u>re</u>	a code)				
Street:			Prefix:	First Name:					
Office of Research, University	of California, 3227 Chea	dle Hall, 3rd Floor	Dr. Middle Name	Patricia					
City: Santa Barbara	· · · · · · · · · · · · · · · · · · ·	1.4	Last Name DEC 1 2 20						
County: Santa Barbara			Halpin Suffix:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
State: California	Zip Code 93106-2050				. STATE CLEARING HOU				
Country:			Email: halpin@lifesci.ucs		The second second control of the second seco				
(JSA 6. EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		Phone Number (giv	e area code)	Fax Number (give area code)				
			(805) 893-5314		(805) 893-8797				
9 5 - 6 0 0 6 1 4 8. TYPE OF APPLICATION:	[3]		7. TYPE OF APPL	ICANT: (See bad	ck of form for Application Types)				
ST N	lew 🖾 Continuat	ion 🖺 Revision	1 - State Controlled	Institution of High	her Learning				
Accessor anter appropriate l	etter(s) in box(es)		Other (specify)						
See back of form for descripti	on of letters.)		1						
Other (specify)			NAME OF FEDERAL AGENCY:     National Marine Fisheries Service (NOAA Fisheries)						
10. CATALOG OF FEDERA	DOMESTIC ASSISTA	NCE NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	ICANT'S PROJECT:				
10, CATALOG OF FEDERA	F DOMESTIC Magisty		Occan Ochric Pre	wention and Rem	oval in South Central California and				
		11-463	the Channel Islan	ds National Marin	e Sanciuary				
TITLE (Name of Program): Community-based Marine De	bris Prevention and Ren	noval Project Grants							
12. AREAS AFFECTED BY									
Santa Barbara & Ventura Co	unties, Calif.; Channel Is	lands Nat'l Marine Sanct.	44 CONCRESSI	ONAL DISTRICTS	S OF:				
13. PROPOSED PROJECT	13. PROPOSED PROJECT				14. CONGRESSIONAL DISTRICTS OF: a, Applicant b, Project				
Start Date: June 1, 2006	Ending Date: December 31, 20	07	22		23 & 24				
15, ESTIMATED FUNDING:			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ンマンログの	O REVIEW BY STATE EXECUTIVE				
a. Federal	\$		THE		DN/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372				
1	\$	143,466	~~~	CESS FOR REVI					
b. Applicant		25,250	DATE	E; 12/12/05					
c. State	\$	<u> </u>	PBO	GRAM IS NOT C	OVERED BY E. O. 12372				
d. Local	\$	93,765	D. NO. 1		NOT BEEN SELECTED BY STATE				
e, Other	\$	0	\mi ∈∧o	DEMINERAL					
f. Program Income	S	0.	17. IS THE APPL	ICANT DELING	JENT ON ANY FEDERAL DEBT?				
g. TOTAL	\$	262,481	Yes If "Yes" a	attach an explanat	ion. Z No				
INVOVINCENT MAC BEEN DI	II A VILLHORINED BA I	IEF, ALL DATA IN THIS A	APPLICATION/PREA OF THE APPLICANT	PPLICATION AR	E TRUE AND CORRECT, THE CANT WILL COMPLY WITH THE				
ATTACHED ASSURANCES	IF THE ASSISTANCE	S AWARDED.							
a. Authorized Representativ Prefix Ms.	First Name Cora	· · · · · · · · · · · · · · · · · · ·	M	iddle Name					
Ms. Last Name	Cora		s	uffix					
Diaz b. Titlo					per (give area code)				
Sponsored Projects Officer				(805) 893-4035 e. Date Signed					
d, Signature of Authorized F	teprésentative		Γ						

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V ∺I	SILH	1 /	/ L J.

APPLICATION FOR					Version 7/03		
FEDERAL ASSISTANCE		2. DATE SUBMITTED	2/05/2005	Applicant Identifier			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Application Identifier			
☑ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	Y Federal Identif	ier		
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION		d					
Legal Name:			Organizational L	Jnit:			
COUNTY OF SAN DIEGO			Department.	PUBLIC WORK	S		
Organizational DUNS: 00-95816	346		Division:	ORTS			
Address:	770				rson to be contacted on matters		
Street:				plication (give area	a code)		
1960 JOE CROSSON DR.			Prefix:	First Name:	TER		
City: EL CAJON			Middle Name				
County: SAN DIEGO			Last Name DRINI	(WATER			
State: CA	Zip Code 92020		Suffix:				
Country: USA			Email:	Drinkwater@sdcoun	ty ca gov		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (g		Fax Number (give area code)		
	_		(619) 956-4	•	(619) 956-4801		
9 5 - 6 0 0 0 9 3 4 8. TYPE OF APPLICATION:	<u> </u>				of form for Application Types)		
8. THE OF AFFLICATION.	w Z Continuatio	n 🗍 Revision		LIOAITI. (OCC DUOI	Correction reprised to the types,		
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)	II I Revision	B Other (specify)				
				DERAL AGENCY:			
Other (specify)			FEDERAL AVIATION ADMINISTRATION				
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  McCLELLAN-PALOMAR AIRPORT - Runway & Taxiway Safety Area				
		2 0-1 0 6	Improvement,Ph		Runway & Taxiway Salety Area		
TITLE (Name of Program):  AIRF	PORT IMPROVEMENT P	ROGRAM (AIP)					
12. AREAS AFFECTED BY PR	ROJECT (Cities, Counties	s, States, etc.):	1				
CARLSBAD, CA							
13. PROPOSED PROJECT				ONAL DISTRICTS			
Start Date:	Ending Date:		a. Applicant 52		b. Project 51		
15. ESTIMATED FUNDING:	TOO		1	TION SUBJECT TO	REVIEW BY STATE EXECUTIVE		
	POEWED	- 00	ORDER 12372 PI	ROCESS?	/APPLICATION WAS MADE		
a. Federal	ECEVED	5,367,500 ·			ATE EXECUTIVE ORDER 12372		
b. Applicant \$	DEC 1 2 2005	282,500	PRO	CESS FOR REVIEV	VON		
c. State \$		.00	DATE	E: 12/05/05			
d. Local	ATE CLEARING HOU	SE .ºº	b. No. 🔲 PRO	GRAM IS NOT COV	ERED BY E. O. 12372		
e. Other	A Land Comments of the Comment	.00	ORF		T BEEN SELECTED BY STATE		
f. Program Income \$		.00	FOR	REVIEW ICANT DELINQUEI	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		5 050 000	Yes If "Yes" a	ttach an explanation	. 🛭 🗗 No		
18. TO THE BEST OF MY KNO	WI EDGE AND BELLEE	5,650,000	ì	·			
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	GOVERNING BODY OF	THE APPLICANT	AND THE APPLICA	NT WILL COMPLY WITH THE		
a. Authorized Representative			la as				
Prefix	First Name PETER		ddle Name L.				
Last Name DRINKWATER			iffix				
b. Title DIRECTOR OF COUNTY AJK	PORTS///		c. Telephone Number (give area code) (619) 956-4839				
d. Signature of Authorized Repr	esentative / =	reurs	e.	Date Signed 12/05/05			
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APPLICATION FOR			1						./~	Version 7/03 (DFGs - 10/200	
FEDERAL ASSISTAN	tCE	ı	12 DA	TE SUBM	UHITCH THE				Applicant Identifier	VBISIGH 7703 (UPGS - 10/200	
المراه					cembe	er 1	2. 20	05	Approprie (delicate)		
1. TYPE OF SUBMISSION:			3. DA		VED BY ST				State Application Iden	ntifier	
Application_	Pre-application										
Construction	Construction	P	4 54	TE-RECE	N68-84-76	DER	L AGEN	CY	Fodoral Identifier		
X Non-Construction	Non-Construction	l Kt		EI	/LU					new grant proposal	
5. APPLICANT INFORMA	TION		1							пон учите ргорозат	
Legal Name:		D	EC	14	2005	Ord	anizati	onal Unit	t:		
State of Califor	nia						artme		Fish and G	ame	
Organizational DUNS:	808322358	CTATE	- 01	= A DINI	G HOLL	OKE.	inlan:			rograms Branch	
Address:	00002200	STATE CLEARING HOU					lechone i		to be contacted on matters involving this		
Street:	1812 Ninth St	reet						give area		to be contacted on matters involving this	
						Pref		<del>-</del>	First Name:	Carolyn	
City:	Sacramento					-	dle Nar	na.	Lust Mailler	Carolyn	
County:	Sacramento									Murata	
State:	CA	Zip Code: 95814			Last Name: Murata						
Country:	US	1				E-m	-	CMUTA	ta@dfq.ca.gov		
6. EMPLOYER IDENTIFICATION NU	JMBER (EIN):		4						erea code)		
94-1697567	<u></u>			mary		r ((Q)	ie iamilii		•	FAX Number (give area code)	
8. TYPE OF APPLICATION:									445-3559	(916) 445-4044	
X New	Canalassati	Г				7. T	YPE OF			m for Application Types)	
	Continuation	L	F	levision			•	A. Sta	ate	,	
If Revision, enter appropriate tener(s)			_	_							
(See back of form for description of Is	rtors.)		! L			Othe	r (spe	cify)			
0/1/											
Other (specify)					,	9. NAME OF FEDERAL AGENCY:					
										Fish and Wildlife Service	
10. CATALOG OF FEDERAL DOME	STIC ASSISTANCE NUM			_		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
			5		) 5	New 5-year Grant Proposal/Project entitled, Central Valley					
TITLE (Name of Program):	Sport Fish		atio	n Act		Salmon and Steelhead Angler Survey. Project narrative					
12. AREAS AFFECTED BY PROJEC						attached.					
	Sacramento	Count	<u>y</u>								
13. PROPOSED PROJECT:						14. CONGRESSIONAL DISTRICTS OF:					
Start Date:	Ending Date:				. 1	a. Applicant b. Project					
7/1/2005	06/30/	10								3	
15. ESTIMATED FUNDING						16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 1237					
John Holling	·		,			PRO	CESS?				
a. Federal	\$	\$	\$3,702,547.00		a, Yes.		$\mathbf{Y}^{-}$	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE			
				_,_,_,					TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
	\$										
c. State	\$	\$	1,23	4,183.	.00				DATE: 12-11	4-05	
d. Local	\$				1	. N	_ [	7	PROGRAMIS NOT	COVERED BY E.O. 12372	
					<del></del>	b. N	٠. }	<del>-</del> -			
e. Other	\$								REVIEW	S NOT BEEN SELECTED BY STATE FOR	
f. Program Income	\$					7 10	THE AC	OI IA ATION			
	8		4 00	6 776		//. IS			I DELINQUENT ON ANY	FEDERAL DEBTY	
"		<b></b>	4,93	6,730.	.00		Yes. I	f "Yes" att	tach an explanation.	J <b>A</b> No.	
DULY AUTHORIZED BY THE GO	OVERNING BODY OF	F, ALL DA	ATA IN	I THIS A	PPLICATI	ON/F	REAP	LICATIO	N ARE TRUE AND C	ORRECT. THE DOCUMENT HAS BEEN	
S AWARDED.		· Ind Aff	LICA	IAI AND	IHE APP	LICA	NT WIL	L COMPI	LY WITH THE ATTAC	ORRECT. THE DOCUMENT HAS BEEN CHED ASSURANCES IF THE ASSISTANCE	
a. Authorized Representative	<u> </u>										
	irst Name				l n	Ald-d	e Nam				
		Renee	e		, ,	1111111	e Nati	· .		,	
_ast Name					15	Suffi>	(		· · · · · · · · · · · · · · · · · · ·		
o. Title		Renwic	ck				•				
Deputy Director, Administration					c. Telephone Number (give area code)						
	Denuty Director	Δ d:-		i	1.		iopiio:	IS INCILIO	ei (give area code)	)	
1. Signature of Authorized R	Deputy Director	, Admin	nistra	tion_			_		ei (give area code)	(916) 653-4633	
Signature of Authorized R	Deputy Director epresentative  NW CG	, Admin	nistra	ntion_		. Da	ate Sig			(916) 653-4633	

APPLICATION FO	)R			OMB Approval No. 0348-004			
FEDERAL ASSIST	TANCE	2. DATE SUBMITTED Decembe	er 12, 2005	Applicant Identifier			
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED B	Y STATE	State Application Identifier			
Construction Non-Construction 5. APPLICANT INFORMAT	Construction Non-Construction	4. DATE RECEIVED B	SY FEDERAL AGENCY	Federal Identifier			
Legal Name:		······································	Organizational Unit:				
City of Morr	o Bay		Harbor De	epartment			
Address (give city, county, S	State, and zip code):			number of person to be contacted on matters involving			
595 Harbor S	t., Morro Bay	CA 93442	this application (give a	this application (give area code)			
San Luis Obi			Eric Ende	Eric Endersby, 805-772-6254			
6. EMPLOYER IDENTIFICATION   9 5 - 2 3 0			7. TYPE OF APPLICA	7. TYPE OF APPLICANT: (enter appropriate letter in box)			
9 5 - 2 3 0	8 6 2 9		A. State	H. Independent School Dist.			
8. TYPE OF APPLICATION			B. County	I. State Controlled Institution of Higher Learning			
X.X.	New Continuation	Revision	C. Municipal	J. Private University			
i	_	· ·	D. Township	K. Indian Tribe			
If Revision, enter appropriate	e letter(s) in box(es)		E. Interstate	L. Individual			
A. Increase Award B.	Decrease Award C. Increa	ase Duration	F. Intermunicipal	M. Profit Organization			
	ther(specify):	ase Duration	G. Special District	N. Other (Specify)			
D. Decrease Daration	iner(specify).		9. NAME OF FEDER	AL AGENCY:			
		•		Department of Agriculture			
40 01344 0 0 0 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3							
10. CATALOG OF FEDERA	L DOMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:			
		1 0 - 7 6 6					
TITLE: COMM	unity Faciliti	es Grant	First Res	sponder			
	PROJECT (Cities, Counties, a yucos, Los Os			Equipment Purchase			
	spo County, Ca						
13. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF:					
Start Date Ending Dat	te a. Applicant		b. Project				
3/1/06 2/28/	07 23rd Congr	essional Dis	23rd Congressional District				
15. ESTIMATED FUNDING			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE			
a. Federal	\$	.00	ORDER 12372 PI	ROCESS?			
	22,8		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE  AVAILABLE TO THE STATE EXECUTIVE ORDER 12372  PROCESS FOR REVIEW ON:				
b. Applicant	\$ 42,3						
c. State		.00	DATE				
d. Local	RECLIVE	.00	DATE	· · · · · · · · · · · · · · · · · · ·			
e. Other	\$DEC 1 5 2005	.00		AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE VIEW			
f. Program Income	STATE CLEARING HO	USE .ºº	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ 65,1	71 0	Yes If "Yes," attach an explanation.				
18. TO THE BEST OF MY K	NOWLEDGE AND BELIEF,	ALL DATA IN THIS APPL	ICATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE			
DOCUMENT HAS BEEN D	ULY AUTHORIZED BY THE ( S IF THE ASSISTANCE IS A)	GOVERNING BODY OF T	HE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE			
a. Type Name of Authorized Robert Hendr	Representative	b. Title City Mana	ger	c. Telephone Number 805-772-6206			
d. Signature of Authorized R	epresentative / /	15 /		e. Date Signed			
7	8h1 E/	Lucia		12-13-05			